1 math 1 29-05



Docket No. '03560.002604.

YOSHIHIKO WATANABE

Application No.: 09/593,775

Filed: June 14, 2000

For: REDUCED IMAGE FORMING

METHOD AND APPARATUS

RECEIVED

Examiner: Y. Kassa

Group Art Unit: 2625

Date: June 25, 2003

JUL 0 2 2003

**Technology Center 2600** 

THE COMMISSIONER FOR PATENTS.

Mail Stop: Non-Fee Amendment

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED                              |                                      |       |  |                         |                |                   |
|--|--------------------------------------|-------|--|-------------------------|----------------|-------------------|
|  | (2) CLAIMS REMAINING AFTER AMENDMENT |       | (4)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (5)<br>PRESENT<br>EXTRA | RATE           | ADDITIONAL<br>FEE |
| TOTAL<br>CLAIMS                                | *<br>46                              | MINUS | **<br>52                                     | = 0                     | x \$9<br>\$18  | 0                 |
| INDEP.<br>CLAIMS                               | <b>+</b> 6                           | MINUS | *** · · · 6                                  | = 0                     | x \$42<br>\$84 | 0                 |
| Fee for Multiple Dependent claims \$140°/\$280 |                                      |       |  |                         |                |                   |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT        |                                      |       |  |                         |                | 0                 |

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

|   | A check in the amount of \$ is enclosed.  |
|---|---|
|   | Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.   |
| X | Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed. |
|   | A check in the amount of \$ to cover the fee for amonth extension is enclosed.  |
|   | A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.  |
| X | Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.  |
|   | Respectfully submitted,   |
|   | Attorney for Applicants   |

Registration No. 446

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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